



SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201
Sioux Falls, South Dakota 57106-3115
Phone: 605-362-2760

January 10, 2011

FILE COPY

Carmen Fees, RN, DON
Philip Health Services, Inc.
P.O. Box 790
Philip, SD 57567

Dear Ms. Fees:

Your application for re-approval of your Nurse Aide Training program at Philip Health Services, Inc., utilizing Medcom, an approved curriculum, has been received in the Board Office. It has been determined that your program meets the criteria for re-approval in South Dakota.

Based on the information provided, you meet the qualification requirements to serve as Program Coordinator as set forth in ARSD 44:04:18:10. Your current RN licensure was verified, and you have a minimum of two years of nursing experience with at least one-year long-term care experience. Your *Train the Trainer* certificate is on file and does not need to be resubmitted.

Kathy Gittings, LPN meets the requirements of primary instructor as set forth in ARSD 44:04:18:11 and has completed the *Train the Trainer* Video Workshop Series. Krista O'Dea, RN continues to be the test proctor and assists with training. Both Ms. Gittings and Ms. O'Dea have active and unencumbered licenses in South Dakota with a minimum of two years nursing experience, at least one year of which is in the provision of long-term care services.

All requirements continue to be met for approval of your training program, and your approval status is valid through **January 2013**. At the time of renewal please obtain the renewal application form from our website at www.nursing.sd.gov.

If you need further assistance, please call me at the above number.

Sincerely,

Nancy Bohr RN, MBA, MSN
Nursing Program Specialist

Cc: Diana Weiland
South Dakota Department of Health

Enc: Application Approval



SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA DEPARTMENT OF HEALTH
 4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115
 (605) 362-2760 ♦ FAX: 362-2768

APPLICATION FOR NURSE AIDE TRAINING PROGRAM

Please select: ☐ INITIAL APPROVAL

☒ REAPPROVAL

Please select: ☐ NURSING HOME BASED

☐ NON-NURSING HOME BASED

Based on Program Requirements, complete and submit to the South Dakota Board of Nursing:

INITIAL APPROVAL REQUIREMENTS

- ☐ Description of physical facilities for training programs
- ☐ Description of licensed nurse supervision of students
- ☐ Student:Instructor ratio in the clinical setting
- ☐ Listing of program length & distribution of hours

Course Syllabus:

- ☐ If using a Course Syllabus that has current approval from the Board of Nursing, you are not required to submit the Course Syllabus
- ☐ If using a Course Syllabus that does not have current approval from the Board of Nursing, submit:
 - Course overview
 - Course objectives
 - Content outline
 - Skills training
 - Teaching methodologies
 - Methods of evaluation
 - Environment for learning
 - Student:Instructor ratio
 - Names of required textbooks

REAPPROVAL REQUIREMENTS

- ☐ Changes in physical facilities for training programs, if any
- ☐ Changes in licensed nurse supervision of students, if any
- ☐ Changes in clinical Student:Instructor ratio, if any
- ☐ Changes in program length & distribution of hours, if any
- ☐ Changes in Course Syllabus, if any
- ☐ Changes in Faculty, if any

COMMENTS:

see attached letter

Note: Written notification should be submitted to the Board of Nursing if any substantive changes in Curriculum or Faculty are made within the two-year Approval Period.

FACILITY TO OFFER NURSE AIDE TRAINING PROGRAM Philip Health Services, Inc.

ADDRESS: P.O. Box 790, Philip, SD 57567

TEL: 605-859-2511 FAX: 605-859-3506 EMAIL: cfees@regionalhealth.com

NAME OF COURSE: Philip Health Services Nurse Aide Training Program

PROGRAM COORDINATOR & CREDENTIALS: Carmen Fees RN, BSN/DON

- ☐ Attach vitae/professional work history with Initial Application for this Program Coordinator
- ☒ Attach a copy of current RN license card with Initial Application and each Reapproval Application

PRIMARY INSTRUCTOR & CREDENTIALS: Kathy Gittinas LPN & Carmen Fees RN

- ☐ Attach vitae/professional work history with Initial Application for this Primary Instructor
- ☒ Attach a copy of current RN or LPN license card with Initial Application and each Reapproval Application
- ☐ Attach "Train the Trainer" Certificate, or verification of adult teaching experience within the past five years

SIGNATURE OF APPLICANT / TITLE Carmen Fees RN/DON

DATE 1/10/11

THIS SECTION TO BE COMPLETED BY BOARD OF NURSING REPRESENTATIVE

DATE APPLICATION RECEIVED: 1-10-11

DATE APPROVED: 1-10-11

DATE APPLICATION RETURNED: _____

DATE DENIED: _____

REASON FOR DENIAL: _____

EXPIRATION DATE OF APPROVAL: January 2013

BOARD REPRESENTATIVE: Jancy Bohm RN, MBA, MSN, FRE